



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From 12-31-03 To: 12-18-04  
Mo Day Year Mo Day Year

1. Committee I.D. Number 135331-50

2. Committee Name

COMMITTEE TO ELECT  
JAMES SENSTOCK

4. Candidate Last Name SENSTOCK First Name JAMES M.I.

4a. Office Sought Including District # or Community Served (If applicable)

SUPERVISOR HARRISON TOWNSHIP

4b. County of Residence

MACOMB

Driver License # (Optional)

5. Committee's Mailing Address

31698 SAN JUAN  
HARRISON TWP, MI 48045  
Area Code and Phone (586) 463-9150

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

JAMES SENSTOCK  
31698 SAN JUAN, HARRISON TWP MI 48045  
Area Code & Phone (586) 463-9150  
Driver License # (Optional)

7. Treasurer's Business Address

JAMES SENSTOCK  
31698 SAN JUAN  
HARRISON TWP MI 48045  
Area Code and Phone (586) 463-9150

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone ( )

Driver License # (Optional)

**9. TYPE OF STATEMENT**

9a. ☒ Pre-Election

OR

9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary

☐ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

8 3 04  
Month Day Year

9c. ☒ Annual Statement (2004 Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in Items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper JAMES SENSTOCK Signature [Signature] Date 7/21/04  
Type or Print Name Mo Day Year  
Candidate JAMES SENSTOCK Signature [Signature] Date 7/21/04  
Type or Print Name Mo Day Year



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

1. Committee I.D. Number 135331-50  
2. Committee Name COMMITTEE TO ELECT  
JAMES SENSTOCK

**SUMMARY PAGE**  
**CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3585.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ _____	
c. Subtotal of "Contributions"	(3c.) \$ <u>3585.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>3585.00</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>3597.85</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>606.76</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>606.76</u>	(23.) \$ _____
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>5597.41</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>13.15</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>3585.00</u>	
	(15.) = \$ <u>3598.15</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>606.76</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>2991.39</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.  
All required schedules must be included with this statement. \*If your ending balance is negative, please recheck your math.  
Authority granted under P.A. 388 of 1976



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

135331-50

2. Committee Name

CTE JAMES SENSTOCK

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>16/12/04</u> Name: <u>MIKE &amp; MARLENE SESSA</u> Address: <u>29559 RIVERSIDE BAY CT HARR TWP 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	30.00	
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/12/04</u> Name: <u>RON KEINE &amp; PAT</u> Address: <u>42722 WILMINGTON STERLING HTS 48313</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	30.00	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/25/04</u> Name: <u>JAMES SENSTOCK</u> Address: <u>31055 SAN JUAN HARRISON TWP 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CANDIDATE</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	2000.00	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>15100RE &amp; LORRAINE CIPRIANO</u> Address: <u>31074 SAN JUAN H.T. 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	160.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		2220.00	

Enter this total on  
line 3a of  
Summary Page



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 135331-50  
2. Committee Name CTE JAMES SENSTOCK

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt			
Name: <u>MR &amp; MRS EDWARD EADES</u>					
Address: <u>28006 MAPLE FOREST BLVD W H.T. 48045</u>					
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____				25.00	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt			
Name: <u>HAROLD &amp; BETTIE MOORE</u>					
Address: <u>41601 BAYHAVEN H.T. 48045</u>					
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____				25.00	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt			
Name: <u>WALTER C GRAVES</u>					
Address: <u>27765 MORAN H.T. 48045</u>					
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____				25.00	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt			
Name: <u>GEORGE &amp; CAROL WILLERSHAUSEN</u>					
Address: <u>41364 BAYHAVEN H.T. 48045</u>					
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____				15.00	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)				90.00	

Enter this total on  
line 3a of  
Summary Page



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 135331-50  
2. Committee Name CTE JAMES JENSTOCK

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/16/04</u> Name: <u>MARION KANEYER</u> Address: <u>54148 BUCCANEER'S BAY SHELBY TWP 48316</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/19/04</u> Name: <u>MIKE &amp; MARLENE SESSA</u> Address: <u>29559 RIVERSIDE BAY CT N.T. 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	25.00	55.00
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/21/04</u> Name: <u>MICHAEL &amp; SUSANNA RICE</u> Address: <u>39171 CHARTER LANE N.T. 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	30.00	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/21/04</u> Name: <u>TERESA KANEYER</u> Address: <u>54148 BUCCANEER'S BAY SHELBY TWP 48316</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	30.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		185.00	

Enter this total on  
line 3a of  
Summary Page



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 135331-50  
2. Committee Name CTE JAMES SANSTOCK

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/21/04</u> Name: <u>JOHN &amp; JEANNE GABOR</u> Address: <u>41526 CLAIRPOINTE H.T. 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/21/04</u> Name: <u>DARREN, M.J., ALEX, CAROLINE YORK</u> Address: <u>38964 NORTHPOINTE, H.T. 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	60.00	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/12/04</u> Name: <u>DAVID &amp; MARIA SILVER</u> Address: <u>41329 GLOCA MORA H.T. 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	50.00	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/26/04</u> Name: <u>MATT &amp; SHARON LINEMAN</u> Address: <u>39765 CHART H.T. 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		180.00	

Enter this total on  
line 3a of  
Summary Page



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 135331-50  
2. Committee Name CTE JAMES SENSTOCK

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/26/04</u> Name: <u>JOHN &amp; JEANNE GABOR</u> Address: <u>41526 CLAIRPOINTE H.T. 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	70.00
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/26/04</u> Name: <u>MIKE &amp; MARLENE SESSA</u> Address: <u>29559 RIVERSIDE BAY CT H.T. 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	80.00
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/26/04</u> Name: <u>DARREN &amp; M.J. YORK</u> Address: <u>38964 NORTH POINTE H.T. 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	40.00	100.00
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/26/04</u> Name: <u>COMMITTEE TO ELECT JAMES ULINSKI</u> Address: <u>39295 RIVERCREST H.T. 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		215.00	

Enter this total on  
line 3a of  
Summary Page

age 5 of 9

Authority granted under P.A. 388 of 1976

CFR 4/2000-c-1a



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 135331-50  
2. Committee Name CTE JAMES SANSTOCK

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/23/04</u> Name: <u>DOUG McDONALD</u> Address: <u>41556 GLOCA MORRIS, H.T. 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/24/04</u> Name: <u>HAROLD &amp; VIRGINIA PORTER</u> Address: <u>31595 N RIVER RD H.T. 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/26/04</u> Name: <u>JOHN &amp; GRACE POTOSKI</u> Address: <u>41401 BAYHAVEN H.T. 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/26/04</u> Name: <u>CHRISTOS &amp; PELLAYIA ROUSTEMIS</u> Address: <u>41311 GLOCA MORRIS H.T. 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	15.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		240.00	

Enter this total on  
line 3a of  
Summary Page





ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 135331-50  
2. Committee Name CTE JAMES JANSTOCK

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>6/23/04</u>	75.00	
Name: <u>JOSEPH &amp; DONNA KEMP</u> Address: <u>39894 CLINTON VIEW ST H.T. 48045</u>					
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>6/30/04</u>	100.00	
Name: <u>NANCY BOOTH</u> Address: <u>35331 BEACON HILL H.T. MI 48045</u>					
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>7/1/04</u>	25.00	
Name: <u>GREG &amp; KATHY NOWAK</u> Address: <u>38845 PARKWAY CIRCLE H.T. 48045</u>					
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>7/1/04</u>	50.00	
Name: <u>HANK &amp; B.R. NORLIN</u> Address: <u>38111 LAKESIDE H.T. 48045</u>					
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)				250.00	

Enter this total on  
line 3a of  
Summary Page



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135331-50  
2. Committee Name CTE JAMES JANSTOCK

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>6-21-04</u> Name: <u>ERIN SILVESTRO</u> Address: <u>39745 SYLVIA HARRISON TWP MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	25.00		
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>7-4-04</u> Name: <u>ROSEANN &amp; ERROL GETTNER</u> Address: <u>28090 COLLIERIDGE HARRISON TWP 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	5.00		
3. Contribution #3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>7-6-04</u> Name: <u>JOHN &amp; JEANNIE GABOR</u> Address: <u>41526 CLAIRPAINTE HARRISON TWP 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	170.00	
3. Contribution #4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>7-8-04</u> Name: <u>RICHARD &amp; SUSAN RAPP</u> Address: <u>39759 SYLVIA HARRISON TWP 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	50.00		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		180.00	

Enter this total on  
line 3a of  
Summary Page



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135331-50  
2. Committee Name CTE JAMES JENSTOCK

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name: <u>LAURENCE TOMENELLO</u>		<u>7-12-04</u>	
Address: <u>38040 HURON POINTE HARRISON TWP 48045</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<u>25.00</u>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name: _____			
Address: _____			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name: _____			
Address: _____			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name: _____			
Address: _____			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		<u>25.00</u>	
		<u>3585.00</u>	

Enter this total on  
line 3a of  
Summary Page



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 135331-50  
2. Committee Name CTE JAMES JENSTOCK

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>CTE JAMES ULINSKI</u> Address <u>39295 RIVERCREST</u> <u>HARRISON TWP MI 48045</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>TICKETS</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/12/04</u>	<u>25.00</u>
<b>Expenditure #2</b> Name <u>MANHATTEN PRINTERS &amp; MAKERS</u> Address <u>51132 MILAND DRIVE</u> <u>MACOMB TWP 48042</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING COSTS</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/8/04</u>	<u>551.76</u>
<b>Expenditure #3</b> Name <u>CTE DARREN YORK</u> Address <u>38964 NORTH POINTE</u> <u>A.T. 48045</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>TICKETS</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/18/04</u>	<u>30.00</u>
<b>Expenditure #4</b> Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
<b>Expenditure #5</b> Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>606.76</u>

Enter this total  
on line 8a of  
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



## DEBTS AND OBLIGATIONS

## SCHEDULE 1E

## CANDIDATE COMMITTEE

1. Committee I.D. Number

135 331-50

2. Committee Name

CTE JAMES SENSTOCK

## This Schedule itemizes:

- a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to <del>CTE</del> <b>JAMES SENSTOCK</b> <b>31698 SAN JUAN</b> <b>HARRISON TWP MI 48045</b>	4. Type: <u>CASH</u> Code _____ 5. Date Debt Was Incurred: <u>6/25/04</u> 6. Original Amount of Debt: \$ <u>2000.00</u>	<u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$	\$ _____	\$ <u>2000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to <del>CTE</del> <b>JAMES SENSTOCK</b> <b>31698 SAN JUAN</b> <b>HARRISON TWP MI 48045</b>	4. Type: <u>IN-KIND</u> Code _____ 5. Date Debt Was Incurred: <u>1-2-04 THRU 7-18-04</u> 6. Original Amount of Debt: \$ <u>3597.85</u>	<u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$	\$ _____	\$ <u>3597.85</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: _____	4. Type: _____ Code _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: \$ _____	<u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$	_____	_____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

5597.41

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

5597.41

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

## PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE

1. Committee I.D. Number 135331-50  
2. Committee Name CTE JAMES JENSTOCK

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>6 - 21 - 07</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) <u>16</u>	5. Type of Fund Raising Activity <u>PIZZA PARTY</u>	6. Address and Name (If any) of the place where the activity was held <u>TOTAL SPORTS</u> <u>40501 PRODUCTION</u> <u>HARRISON TWP 48043</u> <input type="checkbox"/> Private Residence
--	---	--	--

7. Total Contributions of \$20.00 or less 245.00

8. Total Contributions of \$20.01 or more \_\_\_\_\_

9. SUBTOTAL (Add lines 7 and 8) 245.00

10. Other Receipts \_\_\_\_\_

11. Gross Receipts (Add lines 9 and 10) 245.00

12. Total Cost of Event\* 187.09

13. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)

Contribution Split  
(%)

Expenditure Split  
(%)

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80  
80.60  
26.49

\*Includes In-Kind Contributions and All  
Expenditures Made For the Event

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135331-50  
2. Committee Name CTE JAMES JENSTOCK

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held <u>6-26-04</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) <u>21</u>	5. Type of Fund Raising Activity <u>BREAKFAST</u>	6. Address and Name (If any) of the place where the activity was held <u>TERRY'S TERRACE</u> <input type="checkbox"/> Private Residence
--	---	--	--

7. Total Contributions of \$20.00 or less \_\_\_\_\_  
8. Total Contributions of \$20.01 or more 290.00  
9. SUBTOTAL (Add lines 7 and 8) 290.00  
10. Other Receipts —  
11. Gross Receipts (Add lines 9 and 10) 290.00  
12. Total Cost of Event\* 225.09

118.00  
80.60 POST  
26.49

\*Includes In-Kind Contributions and All  
Expenditures Made For the Event

13. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)

Contribution Split  
(%)

Expenditure Split  
(%)

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- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE

1. Committee I.D. Number 135331-50  
2. Committee Name CTE JAMES SENSTOCK

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>7-9-04</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) <u>9</u>	5. Type of Fund Raising Activity <u>DINNER PARTY</u>	6. Address and Name (if any) of the place where the activity was held <u>DAVID'S</u> <u>143 MAIN ST MT CLEMENS</u> <u>48084</u> <input type="checkbox"/> Private Residence
---	--	---	---

7. Total Contributions of \$20.00 or less \_\_\_\_\_  
8. Total Contributions of \$20.01 or more 400.00  
9. SUBTOTAL (Add lines 7 and 8) 400.00  
10. Other Receipts —  
11. Gross Receipts (Add lines 9 and 10) 400.00  
12. Total Cost of Event\* 295.14  
13. ☐ Check if event was a joint fund raiser and complete the following:

188.05  
80.60 Post  
26.49

\*Includes In-Kind Contributions and All  
Expenditures Made For the Event

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-1K), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 1-K  
CANDIDATE COMMITTEE1. Committee I. D. Number 135 331-50  
2. Committee Name CTE JAMES SENSTOCK

1. Name and Address from whom received <small>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.</small>	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 Name <u>JAMES SENSTOCK</u> Address: <u>31698 SAN JUAN HT. 48045</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>COPIES - FAX</u> 5. Date Of Receipt: <u>1/2/10, 2/9, 3/4, 4/21, 5/5, 7/16</u> 6. Vendor Name & Address: <u>CHARTER TWP OF HARRISON</u>	4.10	4.10
Contribution # 2 Name <u>JAMES SENSTOCK</u> Address: <u>31698 SAN JUAN HT. 48045</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FUND RAISER TICKETS</u> 5. Date Of Receipt: <u>4/30/04</u> 6. Vendor Name & Address: <u>MAC CTY REPUBLICAN PARTY</u>	50.00	54.10
Contribution #3 Name <u>JAMES SENSTOCK</u> Address: <u>31698 SAN JUAN HT. 48045</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FUNDRAISER TICKETS</u> 5. Date Of Receipt: <u>5/18/04</u> 6. Vendor Name & Address: <u>TTE MIKE SESSA</u>	50.00	104.10

Page Subtotal  
Grand Total of all Schedules 1-K  
(Complete on last page of Schedule)104.10Enter this total  
on line 6 of  
Summary  
Pagee 1 of 6



**ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 1-K  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 135331-50  
2. Committee Name CTE JAMES SENSTOCK

3. Name and Address from whom received <small>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.</small>	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>JAMES SENSTOCK</u> Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FUNDRAISER TICKETS</u> 5. Date Of Receipt: <u>5/22/04</u> 6. Vendor Name & Address: <u>CTE JOHN GABOR</u> <u>41526 CLARKPONTA A.T. 48045</u>	25.00	129.10
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name <u>JAMES SENSTOCK</u> Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>LABELS</u> 5. Date Of Receipt: <u>6/7/04</u> 6. Vendor Name & Address: <u>STAPLES</u> <u>31900 GRATIOT ROSEVILLE MI</u> <u>48066</u>	13.72	142.82
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name <u>JAMES SENSTOCK</u> Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>LABELS</u> 5. Date Of Receipt: <u>6/7/04</u> 6. Vendor Name & Address: <u>OFFICE MAX</u> <u>32840 GRATIOT, CLINTON TWP MI</u> <u>48035</u>	3.16	145.98

Page Subtotal  
Grand Total of all Schedules 1-K  
(Complete on last page of Schedule)

41.88

Enter this total  
on line 6 of  
Summary  
Page

**ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 1-K  
CANDIDATE COMMITTEE**

1. Committee I. D. Number

135 331-50

2. Committee Name

CTE JAMES SENSTOCK

1. Name and Address from whom received <small>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.</small>	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>JAMES SENSTOCK</u> Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>COPIES</u> 5. Date Of Receipt: <u>6/15/04</u> 6. Vendor Name & Address: <u>OFFICE MAX</u> <u>33840 GRATIOT CLINTON TWP</u> <u>MI 48035</u>	79.47	225.45
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name <u>JAMES SENSTOCK</u> Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FUNDRAISER</u> 5. Date Of Receipt: <u>6/21/04</u> 6. Vendor Name & Address: <u>TOTAL SPORTS</u> <u>40501 PRODUCTION H.T. 48045</u>	80.00	305.45
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name <u>JAMES SENSTOCK</u> Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>POSTAGE</u> 5. Date Of Receipt: <u>6/10/04</u> 6. Vendor Name & Address: <u>US POSTAL SERVICE</u> <u>MT CLEMENS</u>	483.60	789.05

Page Subtotal  
Grand Total of all Schedules 1-K  
(Complete on last page of Schedule)

643.07

Enter this total  
on line 6 of  
Summary  
Page



**ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 1-IK  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 135 331-50  
2. Committee Name CTE JAMES SENSTOCK

1. Name and Address from whom received <small>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.</small>	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>JAMES SENSTOCK</u> Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>GAS- PICKUP SIGNS</u> 5. Date Of Receipt: <u>6/24/01</u> 6. Vendor Name & Address: <u>SPEEDWAY 8727</u> <u>CLINTON TWP MI</u>	47.50	836.55
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name <u>JAMES SENSTOCK</u> Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FUNDRAISER</u> 5. Date Of Receipt: <u>6/26/01</u> 6. Vendor Name & Address: <u>THOMAS TERRACE</u> <u>36470 JEFFERSON A.T 48045</u>	118.00	954.55
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name <u>JAMES SENSTOCK</u> Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>LITERATURE</u> 5. Date Of Receipt: <u>6/30/04</u> 6. Vendor Name & Address: <u>LITHO PRINTING</u> <u>21541 GRATOT EASTPOINTE MI 48021</u>	853.30	1807.85

Page Subtotal  
Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

1018.80

Enter this total  
on line 6 of  
Summary  
Page

e 4 of 6



**ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 1-K  
CANDIDATE COMMITTEE**

1. Committee I. D. Number

135 331-50

2. Committee Name

CTE JAMES SENSTOCK

3. Name and Address from whom received  If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)  5. Date of Receipt  6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>JAMES SENSTOCK</u> Address:  If over \$100.00 cumulative, please provide: Occupation:  Employer:  Business Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>MAC DAILY AD</u> 5. Date Of Receipt: <u>7/9/04</u> 6. Vendor Name & Address: <u>MACOMB DAILY</u> <u>P.O. BOX 707 MT CLEMENS 48046</u>	375.00	2182.85
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name <u>JAMES SENSTOCK</u> Address:  If over \$100.00 cumulative, please provide: Occupation:  Employer:  Business Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FUNDRAISER</u> 5. Date Of Receipt: <u>7/9/04</u> 6. Vendor Name & Address: <u>DRMON'S</u> <u>143 MAIN STREET MT CLEMENS</u> <u>MI 48084</u>	188.05	2370.90
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name <u>JAMES SENSTOCK</u> Address:  If over \$100.00 cumulative, please provide: Occupation:  Employer:  Business Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>SIGN TIES</u> 5. Date Of Receipt: <u>7/5/04</u> 6. Vendor Name & Address: <u>HOME DEPOT</u> <u>20500 13 MILE ROSEVILLE 48066</u>	17.95	2388.85

Page Subtotal  
Grand Total of all Schedules 1-K  
(Complete on last page of Schedule)

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Page

is 5 of 6



**ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 1-IK  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 135331-50  
2. Committee Name CTE JAMES SENSTOCK

3. Name and Address from whom received <small>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.</small>	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>JAMES SENSTOCK</u> Address:  If over \$100.00 cumulative, please provide: Occupation:  Employer:  Business Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>NEWSPAPER AD</u> 5. Date Of Receipt: <u>6/28/04</u> 6. Vendor Name & Address: <u>C&amp;G NEWSPAPERS</u> <u>13650 ELEVEN MILE WARREN 48089</u>	1134.00	3522.85
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name <u>JAMES SENSTOCK</u> Address:  If over \$100.00 cumulative, please provide: Occupation:  Employer:  Business Address:  <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FUNDRAISER TICKETS</u> 5. Date Of Receipt: <u>7/15/04</u> 6. Vendor Name & Address: <u>CTE JOHN LABOR</u> <u>41526 CLAIRPOINTE M.T. 48045</u>	75.00	3597.85
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name Address:  If over \$100.00 cumulative, please provide: Occupation:  Employer:  Business Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:		

Page Subtotal  
Grand Total of all Schedules 1-IK  
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3597.85

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